

Case Number:	CM14-0122324		
Date Assigned:	09/08/2014	Date of Injury:	10/13/1999
Decision Date:	10/09/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/04/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56-year-old male who reported an injury after while driving a forklift, he was hit head on by a truck, making the forklift hit a concrete wall, on 10/13/1999. The clinical note dated 05/29/2014 indicated diagnoses of lumbar spine herniated disc status post lumbar spinal fusion and left inguinal hernia. The injured worker reported constant stabbing pain in the low back that radiated to the bilateral lower extremities, left worse than right. The injured worker reported pain throughout the day rated at 8/10. The injured worker reported medications and rest helped relieve the pain. The injured worker reported the pain was worse with standing, crouching, squatting, and prolonged walking greater than 20 minutes. The injured worker reported headaches, difficulty sleeping, depression, and anxiety. The injured worker reported he presently took Norco. On physical examination of the lumbar spine, the range of motion was decreased. The injured worker had a significant abnormal gait and there was a positive antalgic gait with the use of a cane. The injured worker's treatment plan included urine toxicology screen and authorization for a neurological consult. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Norco, gabapentin/dextromethorphan /amitriptyline, and flurbiprofen/tramadol/cyclobenzaprine. The provider submitted a request for topical compounds. A Request for Authorization dated 05/29/2014 was submitted for topical compounds; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Gabapentin 10%, Dextromethorphan 10%, Amitriptyline 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 -112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for gabapentin 10%, dextromethorphan 10%, and amitriptyline 10% is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. It was not indicated the injured worker had tried and failed antidepressants and anticonvulsants. In addition, gabapentin is not recommended. There is no peer reviewed literature to support its use. Additionally, there is a lack of documentation of efficacy and functional improvement with the use of this compound. Furthermore, the request does not indicate a quantity or frequency. Therefore, the request is not medically necessary.

Flurbiprofen 20%, Tramadol 20%, Cyclobenzaprine 4%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 - 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for flurbiprofen 20%, tramadol 20%, and cyclobenzaprine 4% is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. It was not indicated if the injured worker had tried and failed anticonvulsants. In addition, the FDA approved routes of administration for flurbiprofen include oral tablets and ophthalmologic solution. Moreover, a thorough search of FDA.gov did not indicate there was a formulation of topical tramadol that had been FDA approved. In addition, the guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. Per the guidelines, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Furthermore, there is a lack of documentation of efficacy and functional improvement with the use of this medication. Additionally, the request does not indicate a frequency or quantity. Therefore, the request is not medically necessary.

